

# Arizona Department of Health Services

Strategic Plan  
Fiscal Years 2010-2014

*Leadership for a Healthy Arizona*



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# Director's Message

*Leadership for a Healthy Arizona* is the motto for the Department of Health Services for good reason; it works. New ways of delivering health care launched by ADHS have helped reduce the number of people who die from heart disease and initiated a trauma system throughout the state. More Arizonans are being immunized, eating 5 servings of fruits and vegetables every day and being checked for common cancers on a regular basis. The teen pregnancy rate is dropping and behavioral health patients have options for their treatment.

We are improving care available to all those facing health issues in the state. The ADHS Division of Behavioral Health Services is overseeing the transition of patient care from Magellan to Provider Network Organizations in Maricopa County. Patients now have a choice in their doctors, counselors, and treatment centers as is expected in medical care.

At the Arizona State Hospital we are engaging, patients, staff, and programs in the principles of recovery. Our success can be measured by more pertinent treatment, better community integration following hospital stays, and increased job development and placement.

ADHS is determined to assist Arizonans defeat diseases in their lives. For instance, to fight cardiac arrest the state developed the SHARE (Save Hearts in Arizona Registry and Education) program. The initiative removed a major roadblock to access to defibrillators by providing training and advice for businesses. We helped educate thousands of people and school children in the new Cardio-Cerebral Resuscitation (CCR) which eliminates the breath step and maintains blood flow to the brain, thus improving outcomes and survivability.

Helping those who face chronic health conditions is not enough; the state must work to prevent those conditions. In the coming year, we will redesign a program that impacts about half the children born in our state. The Women, Infants and Children program provides food supplements to low-income Arizonans. The department is reinventing the USDA-funded program from dairy-based, fat-laden foods to fresh fruits and vegetables, low-fat milk, and whole grain cereals and breads. We expect the imposed diet changes to help reduce the amount of obesity, diabetes, and heart disease in the state.

ADHS prides itself on the quality and amount of information we provide the public through our website. We are working to streamline our licensing process through the internet as well as an efficiency measure for the agency and a convenience measure for our stakeholders.

While these are a few of ADHS' accomplishments and goals, we are still at the beginning of a long road to help all Arizonans lead healthier and more productive lives. There is much to accomplish as we move into the next five years.

On behalf of the ADHS, I am happy to share with you our agency's Strategic Plan for Fiscal Years 2008-2014. This plan supports our ongoing goal to lead the state to improved public health, as well as to ensure Arizona is prepared for health emergencies in the future. In addition, as a steward of public funding, we will ensure funds are used where they are most needed and most beneficial to the people of Arizona.

The plan is organized into two parts. First, there is a description of the five priority areas of work. The second part provides details of ADHS programs by dividing them into the following four goals that guide our work:

- Implement a population-based public health system.
- Ensure a comprehensive, unified, high-quality behavioral health system for Arizonans.
- Ensure the health and safety of all Arizonans through a comprehensive system for licensing, monitoring, and technical assistance.
- Deliver courteous, efficient, responsive, and cost-effective service to the Department's external and internal customers, stakeholders, and key policymakers.

I would like to thank everyone who works at the Department. Your efforts to identify the needs in public health, create plans to address those needs, and lead staff and stakeholders in carrying out those plans brought us to where we are and will help direct the future for our public health system in Arizona. Thank you for your dedication and devotion to your chosen profession.

This plan will guide the Department as we work to make Arizona a healthier place to live, work, and play.

January Contreras  
Acting Director

# **Mission Statement**

Promote and protect healthy people and healthy communities  
throughout Arizona

# **Vision Statement**

Leadership for a Healthy Arizona

# **Guiding Principles**

- Invest in prevention and health promotion: Preventing physical and mental illness is ethically and financially preferable to treating avoidable morbidity and mortality.
- Improve access to healthcare: DHS plays a critical role in the delivery of health services. This is done by contracting and providing technical assistance to health providers, as a means to sustain a health system that provides high-quality, culturally-sensitive care.
- Reduce disparities in health: Compelling evidence illustrates that health is determined primarily by the social conditions in which we live and work. Further, data show that illness and early death are higher among marginalized subpopulation groups. This unfair distribution in the opportunity to be healthy demands priority attention and a long-term commitment to work with other government agencies, communities and the private sector to reduce these inequities in health.
- Be prepared: DHS must be able to respond to health threats and emergencies as expeditiously as possible.
- Build partnerships: Collaboration across DHS programs and with outside entities is essential to be effective and cost-efficient. A robust health system requires strong cooperation among a diverse group of stakeholders because a broad array of factors determines health. These include: education, transportation, air quality, and housing. DHS must seek out “win-win” partnerships across program areas of work and with agencies in other sectors, in order to work toward achieving mutual goals.

- Measure results: Learning from the Department of Health Services' past experiences and from other state departments of health is essential for maintaining a standard of excellence and innovation in Arizona.

## **Areas of Focus**

### **Chronic Disease: ADHS will undertake a systematic approach to prevent and manage disease.**

The profile of diseases contributing most heavily to death, illness, and disability among Americans has changed dramatically during the last century. Today, chronic diseases—such as cardiovascular disease (primarily heart disease and stroke), cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems (CDC, 2004). Certain behavioral health illnesses, such as schizophrenia, bipolar disorder, depression, and substance use disorders can also be long-standing and require long-term interventions. Children with special health care needs are also not immune to the effects of chronic disease. Although advances in medical technology and treatment have led to increased life expectancy, these children require ongoing, integrated, multispecialty care to prevent further disability and ensure the highest possible quality of life.

To effectively decrease the mortality and morbidity of chronic disease, a system of care is required that proactively addresses prevention, early detection, treatment, and sustained recovery efforts. A multi-pronged approach is needed to accomplish this goal, which includes: prevention and health promotion strategies, service delivery that is supported by evidence-based best practices, a health care system that is culturally responsive, and targeted efforts to reduce health disparities.

In addition, developing effective partnerships is crucial for effective chronic disease prevention and treatment programs. The Department's partners span from the federal government to state universities, county health departments, public health associations, non-profit organizations, and extend to the northern state of Sonora, Mexico. Without these partnerships, the Department would not be able to meet its objectives.

The Department is committed to improving these relationships by involving these constituencies in planning and resource allocation efforts. We are working to foster collaborative efforts with cross-border agencies to prevent, monitor, and control public health issues and efforts. We also work with academic institutions to collaborate on health issues such as public health workforce recruitment, training, and retention.

**Health Disparities: ADHS will continue to seek greater equity of access to health services for all Arizonans, and to enhance the health of those who currently have the poorest health status.**

Key to developing effective program plans is taking into consideration health disparities. In other words, differences in health outcomes are rooted in socially stratifying forces such as: socioeconomic status, race/ethnicity, age, place of residence, gender, physical disability, and stigma associated with particular diseases such as HIV, mental illness, and substance use disorders. Despite significant gains in health status for many of Arizona's residents, these advances have not been equally shared by everyone.

For example, the African American community has the lowest rank in overall health status in Arizona in 2007 with the highest infant mortality rate, high incidence of reportable diseases, and high mortality rates for almost all of the leading causes of death. The African American community ranks better than average for low incidence of birth defects, suicides and falls. The American Indian has the second lowest overall health status.

A clear indicator of disparity is end-of-life age: the majority of deaths of American Indian (56.5%), Black (53.4%), and Hispanic (50.6%) residents occurred before the age of 65 years, compared to 23.7% among White non-Hispanics in 2007. Furthermore, one out of 50 Arizonan White non-Hispanics who died in 2007 was less than 25 years old (1.9%). In contrast, race/ethnic minorities younger than 25 years of age accounted for one out of every eight (12.9%) deaths. Individuals with serious mental illness die an average of 25 years younger than the general population.

Children with chronic and disabling conditions require care beyond that which other children require and are more likely than other children to lack adequate insurance coverage and have unmet needs for medical services. Providers are in short supply to serve the complex needs of these children. Although medical advances have meant that more children will reach adulthood, finding appropriate medical care for young adults with some

conditions presents a particular challenge, as specialists trained in the treatment of adults lack experience with some conditions that were previously only seen in children.

These examples demand for consideration of all disparities in order to prioritize funding, programs and services, collaborative partnerships, and health policies. Policies and other interventions influence social conditions and the availability and distribution of resources support healthy lifestyles. However, a long-term commitment from government agencies, communities, and the private sector is needed to reduce health disparities.

**Behavioral Health: Recognize behavioral health as a cornerstone to overall health and wellness with promotion of recovery, resiliency, psychosocial rehabilitation, safety, and hope.**

Individuals who suffer from mental illness and substance use disorders can achieve meaningful recovery and lead fulfilling lives. With this in mind, DHS is continuing to transform Arizona's public behavioral health system. Recognition of behavioral health as an integral component of overall health and wellness emphasizes a holistic approach to wellbeing that unites physical health, mental health, emotional health, and spiritual health. This requires strong coordination of care between all healthcare providers and a promotion of overall quality of life and outcomes.

Recovery principles are embraced as a critical component in the treatment and support provided at the Arizona State Hospital and throughout the community-based behavioral health system. ADHS is dedicated to instilling a unified vision of recovery and resiliency for the behavioral health system, across all populations served. The Recovery principles are embedded within the Department's organizational culture in a way that guides decision making, provides focus for staff, and promotes alignment of strategies, including: self and family-directed services, choice, empowering individuals and families, respecting diversity, expanding opportunities for integration and community involvement, instilling hope and encouragement, building on strengths, and celebrating successes.

**Emergency Preparedness: Develop a state-wide system to respond to public health threats.**



The Department is facing many urgent public health issues: new epidemics, like Valley Fever and West Nile Virus; threats of chemical, biological, and radiological terrorism; and re-emerging “old” diseases like tuberculosis and measles. The Department must actively assess and respond to new concerns while enhancing its traditional role of reacting to public health emergencies, including infectious disease epidemics, chemical spills, and natural disasters. As the lead agency responsible for the health of Arizona residents, the Department is responsible for developing an operable statewide public health system able to prepare for, detect, and respond to large-scale natural or intentional disease events and other public health emergencies.

The Department also plays a critical role in the development of an efficient and effective trauma system, which can respond to everyday emergency needs of the public as well as large-scale events. Critical to success are the working partnerships developed with federal, county, and tribal health agencies, community-based organizations, public safety agencies, the media, the military, behavioral health providers, emergency medical service providers, hospitals, and Arizona/Sonora border agencies. Maintaining systems in communication and information technology is critical to ensuring that emergency preparedness efforts can respond through early warning systems, rapid communication, mobilization, and coordination.

**Surveillance: Improve data collection systems and the use of information technology to disseminate health data within and beyond ADHS.**

The health of Arizonans depends in large part upon the capability of the public health surveillance system to identify and monitor disease, health risks, and populations at risk. This information needs to be accessible, accurate, and timely to allow for the appropriate public health response. Surveillance system standards for the collection, processing, and analysis of health-related data are essential inputs into the work of the Department.

Information technology needs to be better utilized to increase efficiency in the health sector. There is a movement towards electronic medical records and soon-to-be developed regional health information organizations (RHIO--specifically designed for the purpose of sharing electronic medical records and other electronic health information between health care entities). We need to work towards coordinating public health data systems to ensure not only participation in RHIOs, but to help set the stage for an effective system

of electronic data sharing. This is especially true with public health preparedness activities and the need for near real-time data.

In addition, the Department is pursuing the use of technology to enable internal and external customers to access and manipulate Department data. We are also developing our intranet to encourage collaboration within ADHS. Internal data and information on programs and policies need to be shared and managed more easily and effectively among Health Services employees.

**Regulatory System: Employ a well-trained workforce in pursuit of a proactive regulatory system that investigates and regulates, issues licenses and provides technical assistance to childcare, health care facilities, and individual providers and information to the public.**

One of the key ways the Department advances public health is through the protection of the health and safety of children in child care centers and residents and patients of assisted living centers, nursing homes, hospitals, group homes for the developmentally disabled, and other health care settings. In addition, the Department regulates and licenses hearing aid dispensers, audiologist, speech language pathologists, and midwives.

While statutorily mandated to license, inspect, monitor and take appropriate enforcement action for non-compliance with statutes and rules, the Department is also committed to a proactive regulation model designed to prevent problems before they occur. Such a model includes training assistance to providers and educating providers about required standards, so that the Department can better protect the health and safety of Arizonans.

The Department provides a large array of information to the public to assist in choosing providers or facilities, including results of annual surveys and complaint investigations, enforcement actions, addresses, and maps on the internet. Public files are available in the offices for the public to view, including the above information, as well as ownership details.

## **Goal 1: Implement a population-based public health system**

**Strategy 1:** Work towards preventing disease, reducing disability, and increasing access to care.

**Objective 1.1:** Reduce the incidence and impact of chronic disease, disability, and injury.

**Objective 1.2:** Increase access to primary health care.

**Objective 1.3:** Improve health outcomes for women and children.

**Objective 1.4:** Improve outcomes of health marketing efforts.

**Objective 1.5:** Partner with community members, agencies and businesses in implementing health initiatives.

### **Performance Measures:**

- Number of cessation clients who receive service from the ASHline (Objective 1.1)
- Older adult death rates (ages 65+) per 100,000 as a result of a serious fall (Objective 1.1)
- Unintentional injury-related death of children ages 1-14 (per 100,000) (Objective 1.1)
- Percent of newborns who are screened through the state's newborn screening program, and percent of those confirmed with condition(s) who receive appropriate follow-up treatment.
- Number of women of child bearing age receiving folic acid education and multivitamins (Objective 1.1)
- Number of schools participating in disease prevention efforts (Objective 1.1)
- Number of J-1 visa waivers supported (Objective 1.2)
- Number of National Health Service Corp placements (Objective 1.2)
- Number of Health Professional Shortage act designations obtained (Objective 1.2)
- Percent of new applications for Children's Rehabilitative Services that are processed within 14 days of receipt (Objective 1.2).

- Percent of adolescents enrolled in Children’s Rehabilitative Services with a transition to adult service plan initiated by age 15 (Objective 1.1).
- Percent of families reporting that they are satisfied with services received through Office for Children with Special Health Care Needs (Objective 1.3)
- Percent of high-risk children who receive dental care annually (Objective 1.3)
- Number of children who receive preventative dental sealants through the Arizona Dental Sealant Program (Objective 1.3)
- Percent of adult population meeting nutrition standards (Objective 1.3)

**Strategy 2:** Build and support public health infrastructure that detects and controls Arizonans from public health emergencies, disease and environmental threats.

**Objective 2.1:** Partner with community providers and other public health entities to further refine coordinated responses to public health threats, risks, and emergencies.

**Objective 2.2:** Improve the timeliness of processing, analyzing, and reporting disease surveillance and laboratory data.

**Objective 2.3:** Decrease the incidence of injury and disease.

**Performance Measures:**

- Number of persons who have received training on bioterrorism and public health emergency response activities (Objective 2.1)
- Number and percentage of key Department staff who have completed National Incident Management System awareness training course (Objective 2.1)
- Percent of trauma center designation applicants designated within 90 days of meeting all eligibility requirements (Objective 2.1)
- Number of agencies, organizations, and other entities reporting to MEDSIS. (Objective 2.2)
- Percentage of diseases tracked using MEDSIS (Objective 2.2)
- Percent of adults (65+) vaccinated for influenza (Objective 2.3)
- Number of persons with Hepatitis C per 100,000 (Objective 2.3)
- Cases of lead poisoning (Pb> 20 ug/dL) (Objective 2.3)
- Number of new HIV cases per 100,000 (Objective 2.3)
- Percent of two year old children vaccinated with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B vaccines.

- Percent of children enrolled in child care centers with age-appropriate required immunizations.
- Percent of children enrolled in elementary and middle school with required immunizations.
- Percent of adults (65+) vaccinated for influenza
- Number of schools provided assistance with the Sun Safety Education mandate.

**Strategy 3:** Enhance collection, analysis and dissemination of public health data that supports Departmental goals public policy decisions.

**Objective 3.1:** Standardize key data elements to allow for better integration, linkages, and warehousing.

**Objective 3.2:** Ensure availability of public health data to public health partners while protecting confidentiality.

**Objective 3.3:** Ensure that public health data meets programmatic needs for high quality data.

**Objective 3.4:** Produce timely and accurate data using state of the art technology for data collection, processing, and analysis.

**Performance Measures:**

- Number of hospital emergency department and in-patient data records processed (in millions) (Objective 3.3)
- Percentage of contributors to birth and death records who are using the on-line registration process (Objective 3.4)
- Number of requests or “hits” for data on the agency’s Vital Statistics Web site. (Objective 3.4)

**Strategy 4:** Identify, connect, and provide support for programs and practices that encourage and enable older adults to remain as healthy engaged community members.

**Objective 4.1:** Enhance health promotion and disease prevention efforts aimed at improving the health of older adults.

**Objective 4.2:** Identify and implement changes needed to protect older adults in licensed long-term care and community-based facilities and assisted living centers.

**Objective 4.3:** Identify and address the behavioral health needs of older adults.

**Performance Measures:**

- Percent of adults (65+) receiving the influenza and pneumonia vaccine (Objective 4.2)
- Older adult death rates (age 65+) per 100,000 as a result of a serious fall (Objective 4.2)
- Percent of physically active older adults (age 65+) (Objective 4.2)
- Number of older adults (age 65+) served by the behavioral health system. Objective 4.3)

**Strategy 5:** Recognize, involve, and communicate with public health constituencies.

**Objective 5.1:** Partner with county health departments in communication, planning, resource allocation, and program development efforts.

**Objectives 5.2:** Provide support to the twenty-one Indian Tribes of Arizona, the three urban Indian health programs, the Inter Tribal Council of Arizona, and the Indian Health Service in accomplishing their public health goals and objectives.

**Objective 5.3** Coordinate and integrate cross-border public health program efforts.

**Performance Measures:**

- Number of meetings with County Health Officers. (Objective 5.1)
- Number of meetings held among the directors of the Department of Health Services, the three Indian Health Services Area Offices, the Inter Tribal Council of Arizona, and the Navajo Division of Health (Objective 5.3)
- Number of tribes who have entered into bioterrorism intergovernmental agreements with the Department of Health Services (Objective 5.3)
- Number of meetings held with U.S. and Mexico Border partners on border health issues (Objective 5.3)

**Goal 2: To maintain a comprehensive, easy to access recovery-oriented, behavioral health system of care that is outcomes-driven and accountable to its numerous stakeholders.**

**Strategy 1:** Promote recovery, resiliency, psychosocial rehabilitation, safety and hope for persons receiving services from the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the community-based behavioral health system.

**Objective 1.1:** Increase employment rates for adult behavioral health recipients.

**Objective 1.2:** Increase availability of housing options for adult behavioral health recipients.

**Objective 1.3:** Decrease average lengths of stay at congregate residential settings.

**Objective 1.4:** Increase jail diversion efforts and outcomes for adolescent and adult behavioral health recipients.

**Objective 1.5:** Increase availability and utilization of peer support services.

**Objective 1.6:** Increase availability and utilization of family support services.

**Objective 1.7:** Decrease readmission rates to Level I facilities.

**Objective 1.8:** Increase/maintain high levels of satisfaction with services provided by the behavioral health system.

**Objective 1.9:** Increase/maintain timely access to services.

**Objective 1.10:** Continue to reduce seclusions and mechanical restraints at the Arizona State Hospital.

**Objective 1.11:** Continue to reduce assaults at the Arizona State Hospital.

**Objective 1.12:** Build a new forensic Arizona State Hospital and facilities for Hospital support functions.

**Performance Measures:**

- Employment rates in Arizona and compared to national rates (Objective 1.1).
- Network capacity for supported housing and independent living settings (Objective 1.2).
- Average length of stay at Level II, III, IV, and HCTC settings (Objective 1.3)
- Number of mental health courts and drug courts statewide (Objective 1.4)
- National Outcomes Measures findings related to incarceration (Objective 1.4)
- Network capacity and utilization data for peer support services (Objective 1.5)
- Network capacity and utilization data for family support services (Objective 1.6)
- Readmission rates at Level I facilities (Objective 1.7)
- Annual satisfaction survey results (Objective 1.8)
- Access to Care performance measure data for routine referrals and date of first service (Objective 1.9)
- Number of seclusions and mechanical restraints at the Arizona State Hospital (Objective 1.10)
- Number of assaults to peers and staff at the Arizona State Hospital (Objective 1.11)
- Number of workers' compensation claims filed at the Arizona State Hospital (Objective 1.11)
- Attainment of work plan milestones in completion of new Forensic Hospital (Objective 1.12)

**Strategy 2:** Collaborate with community partners, public health, and other stakeholders in the design and delivery of behavioral health services.

**Objective 2.1:** Ensure a viable and effective behavioral health disaster response plan is in place.



**Objective 2.2:** Increase coordination of care between behavioral health providers and primary care physicians.

**Objective 2.3:** Increase statewide Let's Talk forums with consumers, family members and advocates.

**Objective 2.4:** Increase community supervision of the Arizona Community Protection and Treatment Center residents.

**Performance Measures:**

- Number of staff receiving National Incident Management System and Incident Command System trainings (Objectives 2.1)
- Coordination of Care performance measure outcomes (Objective 2.2)
- Number of Let's Talk forums held with consumers, family members, and advocates around the state (Objectives 2.3)
- Number of interactions among agencies dealing with Arizona Community Protection and Treatment Center sex offenders designed to increase community networking, enhance education, and promote sharing of information and prevention strategies (Objective 2.4)

**Strategy 3:** Enhance Technology to Support the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the Division of Behavioral Health Services.

**Objective 3.1:** Implement electronic medical records at the Hospital and the Arizona Community Protection and Treatment Center

**Objective 3.2:** Actively collaborate with AHCCCS in the development and implementation of a statewide electronic medical record.

**Objective 3.3:** Decrease the paperwork burden through increased use of electronic documentation and increased efficiency.

**Performance Measures:**

- Number of staff trained in the use of newly developed components of the electronic medical records system at the Arizona State Hospital and Arizona Community Protection and Treatment Center (Objective 3.1)

- Migrate from a paper based medical record to an electronic based medical record (EMR) retaining minimal portions of the paper record (Objective 3.1 and 3.3)
- Demonstrated participation with AHCCCS on the Health Information Exchange. (Objective 3.2)
- Addition of behavioral health information to the Health Information Exchange and Electronic Health Record (HleHR) Utility Project (Objective 3.2)
- Documentation of increased efficiencies and decreased paperwork (objective 3.3)

**Goal 3: To ensure the health and safety of all Arizonans through a comprehensive system for licensing, monitoring, and technical assistance.**

**Strategy 1:** Increase the timeliness and effectiveness of the Department's processes for licensing and investigating regulated facilities.

**Objective 1.1:** Increase provider compliance with health and childcare regulations.

**Objective 1.2:** Improve the efficiency of the licensing process.

**Objective 1.3:** Improve recruitment and retention of employees.

**Objective 1.4:** Improve organizational effectiveness through the implementation of a comprehensive automation system.

**Performance Measures:**

- Percent of priority two child care complaint investigations initiated within ten days (Objective 1.1)
- Percent of priority two health care complaint investigations initiated within ten days (Objective 1.1)
- Percent of health care re-licensure surveys completed on time (Objective 1.2)
- Percent of child care re-licensure surveys completed on time (Objective 1.2)

- Percent of initial surveys completed within timeframes (Objective 1.2)
- Ratio of surveyors to facilities (Objective 1.3)
- Number of provider orientations conducted (Objective 1.3)
- Automate re-licensing (Objective 1.4)
- Number of hits to azcarecheck.com Web site (Objective 1.4)

**Strategy 2:** Improve communications to consumers, providers, and employees.

**Objective 2.1:** Improve consumer's awareness of the Department as a resource for health care and child care information.

**Objective 2.2:** Improve communication with licensed providers.

**Objective 2.3:** Improve communication with licensing employees.

**Performance Measures:**

- Number of visits to the licensing services website (per month) (Objective 2.1)
- Percent of licensed providers satisfied with services (Objective 2.2)

**Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the Department's external and internal customers, stakeholders, and key policymakers.**

**Strategy 1:** Address the needs of the Department's current and future workforce.

**Objective 1.1:** Develop and implement methods of addressing opportunities and challenges posed by an aging workforce.

**Objective 1.2:** Develop and implement aggressive recruitment and retention strategies to ensure adequate staffing levels and assist in meeting targeted workforce needs in areas such as nursing.

**Objective 1.3:** Develop and sustain staff competencies.

**Performance Measure:**

- Percentage of innovative work programs and arrangements utilized (i.e. virtual office; job sharing; flex schedules; return retirees; telecommuting) (Objective 1.1)
- Percent of internal promotions (Objective 1.1)
- Percent of Department staff turnover (by division) and identification of those employees within three to five years of retirement eligibility (Objective 1.1)
- Number of new hires providing feedback at completion of orientation and six-months post-hire (Objective 1.2)
- Percent of new employees retained beyond one year (target 80%) (Objective 1.3)
- Number of original probation dismissals (Objective 1.3)
- Number of recruitment surveys collected (Objective 1.3)
- Number of HR policies revised/updated (Objective 1.3)
- Percentage of supervisors successfully completing leadership training (Objective 1.3)
- Percentage of supervisors completing performance management training (Objective 1.3)
- Percentage of workforce completing and maintaining required training and cultural competencies (Objective 1.3)
- Number of mentoring and internship programs developed (Objective 1.3)

**Strategy 2:** Support the implementation of Department goals through improved business services.

**Objective 2.1:** Secure timely and cost-effective travel services for Department staff.

**Objective 2.2:** Implement improvements to the Department's current procurement practices.

**Objective 2.3:** Develop user-friendly policies and procedures that contribute to increased operational efficiencies.

**Performance Measures:**

- Average days to pay travel claims (Objective 2.1)

- Number of contract amendments processed (Objective 2.2)
- Percent of purchase requisitions processed in 10 days (0-\$1000) (Objective 2.2)
- Percent of purchase requisitions processed in 12 days (\$1,001-5,000) (Objective 2.2)
- Percent of purchase requisitions processed in 30 days (\$5,001-50,000) (Objective 2.2)

**Strategy 3:** Work with Department stakeholders and external partners to identify and apply emerging technologies that will support and improve the delivery of health programs and services.

**Objective 3.1:** Refine information technology policies and procedures to address new security concerns, emerging technology, and business needs.

**Objective 3.2:** Provide a highly available and flexible information technology environment that supports the implementation and maintenance of enterprise applications, business communications, and internet-based public services.

**Objective 3.3:** Enhance the Department's ability to further the State's e-Government initiative through implementation of Internet technology.

**Objective 3.4:** Identify and communicate information technology priorities and planning efforts.

**Objective 3.5:** Provide and maintain high quality, current, and standardized systems for the Department and those it serves.

**Performance Measure:**

- Number of Department staff who can connect to Department information systems from remote locations (Objective 3.1)
- Percent of Department information technology resources supported for continuous operations (Objective 3.2, 3.5)
- Number of publicly available services provided through the Internet (Objective 3.3)



## Department of Health Services

### Resource Assumptions - Summary

*Five-Year Strategic Plan*

Current Year (FY 2009) and Future Years FY 2010 - FY 2014

#### All Goals - Agency Resource Summary

|                                       | <u>FY 2009</u>                | <u>FY 2010</u>                | <u>FY 2011</u>                | <u>FY 2012</u>                | <u>FY 2013</u>                | <u>FY 2014</u>                |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <b>Full Time Equivalent (FTE)</b>     | 2,401.4                       | 2,401.4                       | 2,401.4                       | 2,401.4                       | 2,401.4                       | 2,401.4                       |
| General Fund                          | 602,857,100.0                 | 646,385,867.0                 | 675,948,452.3                 | 706,934,032.6                 | 739,921,351.8                 | 773,991,979                   |
| Other Appropriated Fund               | 72,727,300.0                  | 74,181,846.0                  | 75,665,482.9                  | 77,178,792.6                  | 78,722,368.4                  | 80,296,816                    |
| Non Appropriated Fund                 | 1,228,501,500.0               | 1,327,915,945.0               | 1,394,224,498.6               | 1,463,846,735.0               | 1,536,948,303.4               | 1,613,703,135                 |
| Federal Funds                         | <u>290,424,600.0</u>          | <u>296,233,092.0</u>          | <u>302,157,753.8</u>          | <u>308,200,908.9</u>          | <u>314,364,927.1</u>          | <u>320,652,226</u>            |
| <b><u>TOTAL FUNDS - ALL GOALS</u></b> | <b><u>2,194,510,500.0</u></b> | <b><u>2,344,716,750.0</u></b> | <b><u>2,447,996,187.6</u></b> | <b><u>2,556,160,469.1</u></b> | <b><u>2,669,956,950.8</u></b> | <b><u>2,788,644,155.1</u></b> |

#### Assumptions:

The Resource Assumption estimate assumes full funding for the Department's entire Decision Packages in the FY 2009 Budget.

The FY 2009 Budget Request was used as the base to project estimates for FY 2010 through FY 2014.  
An annual inflation factor of 2% was added to Fiscal Years 2010 - 2014.

In addition, a 3% increase for medical inflation was estimated for Behavioral Health Services and Children's Rehabilitative Services Title XIX entitlement programs for FY2011-FY2014.

## Department of Health Services

### Goal 1 - Resource Assumptions

*Five-Year Strategic Plan*

Current Year (FY 2009) and Future Years FY 2010 - FY 2014

**Goal 1: To promote and protect the health of Arizona's children and adults.**

|                                    | <u>FY 2009</u>              | <u>FY 2010</u>              | <u>FY 2011</u>              | <u>FY 2012</u>              | <u>FY 2013</u>              | <u>FY2014</u>               |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Full Time Equivalent (FTE)</b>  | 746.0                       | 746.0                       | 746.0                       | 746.0                       | 746.0                       | 746.0                       |
| General Fund                       | 70,550,900.0                | 76,900,481.0                | 80,745,505.1                | 84,782,780.3                | 89,530,616.0                | 94,007,147                  |
| Other Appropriated Fund            | 19,521,100.0                | 19,911,522.0                | 20,309,752.4                | 20,715,947.5                | 21,130,266.4                | 21,552,872                  |
| Non Appropriated Fund              | 130,539,100.0               | 142,287,619.0               | 149,402,000.0               | 156,872,099.9               | 164,715,704.9               | 172,951,490                 |
| Federal Funds                      | <u>243,099,600.0</u>        | <u>247,961,592.0</u>        | <u>252,920,823.8</u>        | <u>257,979,240.3</u>        | <u>263,138,825.1</u>        | <u>268,401,602</u>          |
| <b><u>TOTAL FUNDS - GOAL 1</u></b> | <b><u>463,710,700.0</u></b> | <b><u>487,061,214.0</u></b> | <b><u>503,378,081.3</u></b> | <b><u>520,350,068.1</u></b> | <b><u>538,515,412.5</u></b> | <b><u>556,913,110.4</u></b> |

#### **Assumptions:**

The projections for FY 2010 through FY 2014 include an annual inflation factor at 2 percent.

An additional 6% was used for the Children's Rehabilitative Services Title XIX entitlement program to allow for an increase in medical inflation for FY 2010. A conservative 3 percent increase was used for medical inflation for FY 2011 - 2014.

This is reflected under the General Fund and Non Appropriated Fund area.

The FY 2010 through FY 2014 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.



## Department of Health Services

### Goal 2 - Resource Assumptions

*Five-Year Strategic Plan*

Current Year (FY 2009) and Future Years FY 2010 - FY 2014

**Goal 2: To ensure a comprehensive, unified behavioral health system for Arizonans.**

|                                    | <u>FY 2009</u>                | <u>FY 2010</u>                | <u>FY 2011</u>                | <u>FY 2012</u>                | <u>FY 2013</u>                | <u>FY 2014</u>                |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <b>Full Time Equivalent (FTE)</b>  | 1,153.9                       | 1,153.9                       | 1,153.9                       | 1,153.9                       | 1,153.9                       | 1,153.9                       |
| General Fund                       | 509,433,000.0                 | 546,154,722.0                 | 571,405,669.9                 | 597,878,029.5                 | 625,632,048.5                 | 654,730,971                   |
| Other Appropriated Fund            | 40,607,300.0                  | 41,419,446.0                  | 42,247,834.9                  | 43,092,791.6                  | 43,954,647.5                  | 44,833,740                    |
| Non Appropriated Fund              | 1,096,234,000.0               | 1,183,865,358.0               | 1,243,024,271.3               | 1,305,140,443.1               | 1,370,361,722.7               | 1,438,843,351                 |
| Federal Funds                      | <u>42,686,600.0</u>           | <u>43,540,332.0</u>           | <u>44,411,138.6</u>           | <u>45,299,361.4</u>           | <u>46,205,348.6</u>           | <u>47,129,456</u>             |
| <b><u>TOTAL FUNDS - GOAL 2</u></b> | <b><u>1,688,960,900.0</u></b> | <b><u>1,814,979,858.0</u></b> | <b><u>1,901,088,914.8</u></b> | <b><u>1,991,410,625.6</u></b> | <b><u>2,086,153,767.4</u></b> | <b><u>2,185,537,518.4</u></b> |

#### **Assumptions:**

The projections for FY 2010 through FY 2014 include an annual inflation factor at 2 percent, using the FY 2009 budget as the initial base amount.

A very conservative 6% was added to the annual overall inflation factor to allow for the increases for medical inflation for Behavioral Health in FY 2010.

A very conservative 3% increase was used for FY 2011 - 2014.

This increase is reflected under the General Fund area and Non Appropriated Fund area.

The FY 2010 through FY 2014 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

## Department of Health Services

### Goal 3 - Resource Assumptions

*Five-Year Strategic Plan*

Current Year (FY 2009) and Future Years FY 2010 - FY 2014

**Goal 3: To ensure the health and safety of all Arizonans through comprehensive systems for licensing, monitoring, and technical assistance.**

|                                    | <u>FY 2009</u>             | <u>FY 2010</u>             | <u>FY 2011</u>             | <u>FY 2012</u>             | <u>FY 2013</u>             | <u>FY 2014</u>             |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Full Time Equivalent (FTE)</b>  | 261.6                      | 261.6                      | 261.6                      | 261.6                      | 261.6                      | 261.6                      |
| General Fund                       | 9,344,700.0                | 9,531,594.0                | 9,722,225.9                | 9,916,670.4                | 10,115,003.8               | 10,317,304                 |
| Other Appropriated Fund            | 1,207,400.0                | 1,231,548.0                | 1,256,179.0                | 1,281,302.5                | 1,306,928.6                | 1,333,067                  |
| Non Appropriated Fund              | 1,719,300.0                | 1,753,686.0                | 1,788,759.7                | 1,824,534.9                | 1,861,025.6                | 1,898,246                  |
| Federal Funds                      | <u>4,638,400.0</u>         | <u>4,731,168.0</u>         | <u>4,825,791.4</u>         | <u>4,922,307.2</u>         | <u>5,020,753.3</u>         | <u>5,121,168</u>           |
| <b><u>TOTAL FUNDS - GOAL 3</u></b> | <b><u>16,909,800.0</u></b> | <b><u>17,247,996.0</u></b> | <b><u>17,592,955.9</u></b> | <b><u>17,944,815.0</u></b> | <b><u>18,303,711.3</u></b> | <b><u>18,669,785.6</u></b> |

#### **Assumptions:**

The projections for FY 2010 through FY 2013 include an annual inflation factor at 2.15 percent, using the FY 2009 Budget as the initial base amount.

The FY 2010 through FY 2014 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

## Department of Health Services

### Goal 4 - Resource Assumptions

*Five-Year Strategic Plan*

Current Year (FY 2009) and Future Years FY 2010 - FY 2014

**Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the agency's external and internal customers, stakeholders, and key policymakers.**

|                                    | <u>FY 2009</u>             | <u>FY 2010</u>             | <u>FY 2011</u>             | <u>FY 2012</u>             | <u>FY 2013</u>             | <u>FY 2014</u>             |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Full Time Equivalent (FTE)</b>  | 239.9                      | 239.9                      | 239.9                      | 239.9                      | 239.9                      | 239.9                      |
| General Fund                       | 13,528,500.0               | 13,799,070.0               | 14,075,051.4               | 14,356,552.4               | 14,643,683.5               | 14,936,557                 |
| Other Appropriated Fund            | 11,391,500.0               | 11,619,330.0               | 11,851,716.6               | 12,088,750.9               | 12,330,526.0               | 12,577,136                 |
| Non Appropriated Fund              | 9,100.0                    | 9,282.0                    | 9,467.6                    | 9,657.0                    | 9,850.1                    | 10,047                     |
| Federal Funds                      | <u>0.0</u>                 | <u>0.0</u>                 | <u>0.0</u>                 | <u>0.0</u>                 | <u>0.0</u>                 | <u>0</u>                   |
| <b><u>TOTAL FUNDS - GOAL 4</u></b> | <b><u>24,929,100.0</u></b> | <b><u>25,427,682.0</u></b> | <b><u>25,936,235.6</u></b> | <b><u>26,454,960.4</u></b> | <b><u>26,984,059.6</u></b> | <b><u>27,523,740.8</u></b> |

#### **Assumptions:**

The projections for FY 2010 through FY 2014 include an annual inflation factor at 2 percent, using the FY 2009 Budget as the initial base amount.